

3.A. STRATEGY REQUEST
 79th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/7/2004
 TIME: 10:25:35AM

Agency code: **539** Agency name: **AGING AND DISABILITY SERVICES**

GOAL: 1 Long-term Care Continuum Statewide Goal/Benchmark: 3 3
 OBJECTIVE: 1 Intake, Access, and Eligibility Service Categories:
 STRATEGY: 2 Long Term Care Functional Eligibility Service: 08 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
------	-------------	----------	----------	----------	---------	---------

Output Measures:

1	Average Number of Persons Eligible Per Month: Community Care	149,233.00	155,377.00	167,451.00	181,352.00	196,118.00
2	Average Case Equivalents Per Community Care Worker	279.88	348.27	384.00	412.00	440.00
3	Avg Number of Standardized Community Care Case Equivalents Per Month	257,374.00	265,248.00	283,394.00	303,772.00	324,792.00

Efficiency Measures:

1	Average Monthly Cost Per Case: Community Care	25.66	24.90	21.80	20.13	18.61
---	-----------------------------------------------	-------	-------	-------	-------	-------

Objects of Expense:

1001	SALARIES AND WAGES	\$51,627,456	\$44,516,847	\$42,795,974	\$42,795,974	\$42,795,974
1002	OTHER PERSONNEL COSTS	\$1,665,613	\$2,839,166	\$2,295,077	\$2,295,077	\$2,295,077
2001	PROFESSIONAL FEES AND SERVICES	\$221,443	\$239,596	\$377,999	\$377,999	\$377,999
2002	FUELS AND LUBRICANTS	\$8,583	\$9,846	\$9,846	\$9,846	\$9,846
2003	CONSUMABLE SUPPLIES	\$682,893	\$778,067	\$745,192	\$745,193	\$745,193
2004	UTILITIES	\$1,492,122	\$1,701,787	\$1,629,882	\$1,629,882	\$1,629,882
2005	TRAVEL	\$2,353,461	\$1,794,767	\$1,718,933	\$1,718,933	\$1,718,933
2006	RENT - BUILDING	\$5,216,916	\$5,530,136	\$5,843,357	\$5,843,357	\$5,843,357
2007	RENT - MACHINE AND OTHER	\$593,161	\$670,785	\$642,443	\$642,443	\$642,443
2009	OTHER OPERATING EXPENSE	\$6,317,587	\$6,399,289	\$7,060,488	\$7,060,487	\$7,060,487
3001	CLIENT SERVICES	\$0	\$0	\$383,500	\$383,500	\$383,500
5000	CAPITAL EXPENDITURES	\$0	\$17,314	\$48,390	\$48,390	\$48,390
TOTAL, OBJECT OF EXPENSE		\$70,179,235	\$64,497,600	\$63,551,081	\$63,551,081	\$63,551,081

Method of Financing:

1	GENERAL REVENUE FUND	\$65,818	\$336,777	\$2,774,117	\$192,252	\$192,252
758	GR MATCH FOR MEDICAID	\$30,506,701	\$27,364,954	\$23,230,052	\$25,300,096	\$25,300,095

0000050

3.A. STRATEGY REQUEST
 79th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/7/2004
 TIME: 10:25:35AM

Agency code: 539 Agency name: AGING AND DISABILITY SERVICES

GOAL: 1 Long-term Care Continuum Statewide Goal/Benchmark: 3 3
 OBJECTIVE: 1 Intake, Access, and Eligibility Service Categories:
 STRATEGY: 2 Long Term Care Functional Eligibility Service: 08 Income: A.2 Age: B.3

CODE	DESCRIPTION	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
SUBTOTAL, MOF (GENERAL REVENUE FUNDS)		\$30,572,519	\$27,701,731	\$26,004,169	\$25,492,348	\$25,492,347
Method of Financing:						
555 FEDERAL FUNDS						
	93.667.000 Social Svcs Block Grants	\$10,186,401	\$8,635,990	\$12,638,964	\$10,928,287	\$10,928,287
	93.778.003 XIX 50%	\$27,968,796	\$26,608,227	\$23,500,496	\$25,596,133	\$25,596,134
	93.778.004 XIX ADM @ 75%	\$1,396,593	\$1,483,238	\$1,407,452	\$1,534,313	\$1,534,313
CFDA Subtotal, Fund	555	\$39,551,790	\$36,727,455	\$37,546,912	\$38,058,733	\$38,058,734
SUBTOTAL, MOF (FEDERAL FUNDS)		\$39,551,790	\$36,727,455	\$37,546,912	\$38,058,733	\$38,058,734
Method of Financing:						
666 APPROPRIATED RECEIPTS						
		\$54,926	\$68,414	\$0	\$0	\$0
SUBTOTAL, MOF (OTHER FUNDS)		\$54,926	\$68,414	\$0	\$0	\$0
TOTAL, METHOD OF FINANCE (INCLUDING RIDERS)					\$63,551,081	\$63,551,081
TOTAL, METHOD OF FINANCE (EXCLUDING RIDERS)		\$70,179,235	\$64,497,600	\$63,551,081	\$63,551,081	\$63,551,081
FULL TIME EQUIVALENT POSITIONS:		1,637.2	1,422.4	1,362.3	1,362.3	1,362.3
STRATEGY DESCRIPTION AND JUSTIFICATION:						

0000051

3.A. STRATEGY REQUEST
 79th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 10/7/2004
 TIME: 10:25:35AM

Agency code: **539** Agency name: **AGING AND DISABILITY SERVICES**

GOAL:	1	Long-term Care Continuum	Statewide Goal/Benchmark:	3	3
OBJECTIVE:	1	Intake, Access, and Eligibility	Service Categories:		
STRATEGY:	2	Long Term Care Functional Eligibility	Service: 08	Income: A.2	Age: B.3

CODE	DESCRIPTION	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
------	-------------	----------	----------	----------	---------	---------

Community Care for the Aged and Disabled (CCAD) programs determine functional eligibility for certain people living in the community who would be eligible for Medicaid-funded (Title XIX) nursing facility care, but who wish to remain in the community. CCAD programs are funded via Title XIX Medicaid, State GR, and/or Title XX Special Services Block Grant. CCAD programs covered under this strategy include Residential Care, Respite Care (unfunded with no clients), In-home & Family Support, Home Delivered Meals, Emergency Response, Adult Foster Care, Family Care, Day Activity and Health Services Title XX, Title XIX Primary Home Care, Special Services, Consumer Managed Personal Assistance Services, Program of All-Inclusive Care for the Elderly, Community Based Alternatives, Community Living Assistance and Support Services, Deaf-blind with Multiple Disabilities, Medically Dependent Children Program, and Consolidated Waiver Program. Some CCAD programs require a functional eligibility score determined via assessment by DADS staff. Other CCAD programs determine functional eligibility via assessment of non-financial criteria. Most waiver programs require a medical necessity or level of care for eligibility along with financial eligibility. Some waiver programs use contractors in the assessment process, but DADS staff make the final eligibility determination.

Statutory Authority: Social Security Act, §1915(c); 42 USC §1396n(c); Human Resources Code, Chapter 32; Government Code, Chapter 531.

EXTERNAL/INTERNAL FACTORS IMPACTING STRATEGY:

Funding for many CCAD programs is limited, which also limits the number of clients receiving these services. Because of this, clients applying for CCAD services are placed on the appropriate interest list(s). Eligible individuals may wait several years before becoming an active client.

For programs requiring an eligibility score the new Community Care Assessment Tool (CCAT) is under development and is scheduled to be implemented by January 2005.

In field visits, caseworkers cite increased workload as a major issue. High workload levels can result in poor customer service, increased errors and decreased timeliness.

From FY 2000 to 2005, case equivalents per worker in Long Term Care have increased by 65.5%. Due to increased funding to serve additional clients in the past biennia without corresponding increases in funding for staff, the workload has significantly increased. Without additional funding for staffing, the estimated workload per worker in FY 2007 will be 89% higher than the FY 2000 level.

Exceptional item 10, Staffing to Keep Pace with Entitlement Growth, requests funding to maintain workload per worker at the average level for FY 2004-2005.

0000052

3.D. Sub-Strategy Request Strategy Code: 01-01-02-01

Agency Code	539	Texas Department of Aging and Disability Services
Goal:	01	Long-Term Care
Objective:	01	Intake, Access and Eligibility
Strategy:	02	LTC Functional Eligibility
Substrategy:	01	CCAD Medicaid Eligibility

Code	Description	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
Output Measures:						
1.	Average number of persons eligible per month: Community Care	149,233	155,377	167,451	181,352	196,118
2.	Average case equivalents per community care worker	280	348	384	412	440
3.	Average number of standardized community care case equivalents per month	257,374	265,248	283,394	303,772	324,792
Efficiency Measures:						
1.	Average monthly cost per case: Community Care	\$25.66	\$24.90	\$21.80	\$20.13	\$18.61
Code	Description	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
Objects of Expense:						
1001	Salaries	30,433,784	26,972,826	23,424,334	25,734,570	25,734,570
1002	Other Personnel Cost	981,835	2,139,232	1,142,429	1,185,426	1,185,426
2001	Professional Fees and Services	126,481	152,260	237,599	239,982	239,982
2002	Fuels and Lubricants	4,900	6,257	1,392	1,392	1,392
2003	Consumable Supplies	389,908	494,322	375,623	408,226	408,226
2004	Utilities	851,928	1,081,462	839,614	916,797	916,797
2005	Travel	1,416,105	1,059,635	954,391	1,175,771	1,175,771
2006	Rent - Building	2,978,215	3,514,320	4,577,191	4,822,682	4,822,682
2007	Rent - Machine and Other	334,106	426,537	224,512	234,965	234,965
2009	Other Operating Expense	3,530,691	3,374,322	2,120,716	2,138,636	2,138,636
Total, Objects of Expense		41,047,953	39,221,173	33,897,801	36,858,447	36,858,447
Method of Finance:						
0758	GR Match for Medicaid	19,761,317	19,145,340	16,471,680	17,907,919	17,907,919
Subtotal, General Revenue Funds		19,761,317	19,145,340	16,471,680	17,907,919	17,907,919
555	Federal Funds					
93.778.003	Medical Assistance Program - Title XIX @ 50%	19,963,572	18,630,095	16,057,995	17,458,163	17,458,163
93.778.004	Medical Assistance Program - Title XIX @ 75%	1,323,064	1,445,738	1,368,126	1,492,365	1,492,365
Subtotal, Federal Funds		21,286,636	20,075,833	17,426,121	18,950,528	18,950,528
Total, Method of Financing		41,047,953	39,221,173	33,897,801	36,858,447	36,858,447
Full-Time Equivalent Positions:						
	State/Federal	990.5	884.7	793.8	850.6	850.6
Total, Full-Time Equivalent Positions		990.5	884.7	793.8	850.6	850.6

Sub-strategy Description and Justification:

Community Care for the Aged and Disabled (CCAD) Medicaid Eligibility programs determine eligibility for certain people living in the community who would be eligible for Medicaid-funded (Title XIX) nursing facility care but who wish to remain in the community. Case workers develop individualized service plans based on client needs/preferences, authorize community care vendors to deliver services, and monitor the delivery of those services. Program staff also give referrals to services provided by Area Agencies on Aging, provide prior authorization of medical need for day activity and health services (DAHS), verify categorical financial status – Medicaid for Primary Home Care and DAHS (XIX), and coordinate with regional Medicaid eligibility staff for ME approval of clients for the community attendant services program (1929(b) or frail elderly). Statutory Authority: Social Security Act (SSA), §§1902(a)(10)(A)(i)(I)-(VII), 1905(a)(13), 1905(a)(24), and 1929(b); 42 U.S.C. §§1396a(a)(10)(A)(i)(I)-(VII), 1396d(a)(13), and 1396d(a)(24); Human Resources Code, Chapter 32; Government Code, Chapter 531.

External/Internal Factors Impacting Sub-strategy:

Alberto N. Lawsuit – mediation will affect children in PHC. Introduction of functional score in DAHS may affect number of clients served.

3.D. Sub-Strategy Request Strategy Code: 01-01-02-02

Agency Code	539	Texas Department of Aging and Disability Services
Goal:	01	Long-Term Care
Objective:	01	Intake, Access and Eligibility
Strategy:	02	LTC Functional Eligibility
Substrategy:	02	CCAD Non-Medicaid Eligibility

Code	Description	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
Objects of Expense:						
1001	Salaries	10,408,955	8,489,613	7,358,870	8,083,559	8,083,559
1002	Other Personnel Cost	333,831	347,117	364,024	377,806	377,806
2001	Professional Fees and Services	46,724	49,264	78,941	79,733	79,733
2002	Fuels and Lubricants	1,815	2,025	163	163	163
2003	Consumable Supplies	144,376	159,940	115,363	125,375	125,375
2004	Utilities	315,472	349,909	257,997	281,714	281,714
2005	Travel	502,431	340,786	313,109	385,738	385,738
2006	Rent - Building	1,103,110	1,137,067	280,643	295,695	295,695
2007	Rent - Machine and Other	123,748	138,007	64,726	67,739	67,739
2009	Other Operating Expense	1,307,223	1,438,010	1,936,924	1,968,700	1,968,700
Total, Objects of Expense		14,287,685	12,451,738	10,770,760	11,666,222	11,666,222
Method of Finance:						
0001	General Revenue	0	313,344	257,945	136,872	136,872
0758	GR Match for Medicaid	3,493,304	2,023,762	315,661	465,290	465,289
Subtotal, General Revenue Funds		3,493,304	2,337,106	573,606	602,162	602,161
Subtotal, Federal Funds						
555	Federal Funds					
93.667.000	Title XX (Social Services Block Grant)	9,656,311	8,229,852	9,324,044	9,988,099	9,988,099
93.778.003	Medical Assistance Program - Title XIX @ 50%	1,138,070	1,884,780	873,110	1,075,961	1,075,962
Subtotal, Federal Funds		10,794,381	10,114,632	10,197,154	11,064,060	11,064,061
Total, Method of Financing		14,287,685	12,451,738	10,770,760	11,666,222	11,666,222
Full-Time Equivalent Positions:						
	State/Federal	353.6	283.6	253.9	272.1	272.1
Total, Full-Time Equivalent Positions		353.6	283.6	253.9	272.1	272.1

Sub-strategy Description and Justification:

Community Care for the Aged and Disabled (CCAD) Non-Medicaid Eligibility programs determine eligibility for certain people living in the community who would be eligible for non-Medicaid (Title XX) and/or state-funded nursing facility care but who wish to remain in the community. Case workers develop individualized service plans based on client needs/preferences, authorize community care vendors to deliver services, and monitor the delivery of those services. Program staff also give referrals to services provided by Area Agencies on Aging, provide prior authorization of medical need for day activity and health services (DAHS), and determine financial eligibility for Title XX and state funded programs.

CCAD programs under this strategy include Residential Care, Respite Care (unfunded with no clients), In-home and Family Support, Home Delivered Meals, Emergency Response, Adult Foster Care, Family Care, Day Activity and Health Services Title XX, and Special Services.

Statutory Authority: Human Resources Code, Chapter 32; Government Code, Chapter 531; Social Security Act, Title XX.

External/Internal Factors Impacting Sub-strategy:

Funding for these CCAD programs is limited, which also limits the number of clients receiving these services. Because of this, clients applying for these services are placed on the appropriate interest list(s). Eligible individuals may wait years before becoming an active client.

3.D. Sub-Strategy Request Strategy Code: 01-01-02-03

Agency Code	539	Texas Department of Aging and Disability Services
Goal:	01	Long-Term Care
Objective:	01	Intake, Access and Eligibility
Strategy:	02	LTC Functional Eligibility
Substrategy:	03	Community Based Alternatives Eligibility

Code	Description	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
Objects of Expense:						
1001	Salaries	5,482,260	4,353,399	4,086,215	4,489,218	4,489,218
1002	Other Personnel Cost	186,218	189,272	426,403	439,939	439,939
2001	Professional Fees and Services	20,709	21,811	19,034	19,225	19,225
2002	Fuels and Lubricants	802	896	2,736	2,736	2,736
2003	Consumable Supplies	63,801	70,811	115,145	125,138	125,138
2004	Utilities	139,400	154,918	256,528	280,110	280,110
2005	Travel	237,832	192,482	11,348	13,980	13,980
2006	Rent - Building	487,288	503,420	455,527	479,958	479,958
2007	Rent - Machine and Other	54,664	61,101	107,078	112,063	112,063
2008	Debt Services	0	0	0	0	0
2009	Other Operating Expense	577,742	626,403	721,478	727,785	727,785
Total, Objects of Expense		7,250,716	6,174,513	6,201,492	6,690,152	6,690,152
Method of Finance:						
0758	GR Match for Medicaid	3,629,086	3,087,256	3,100,745	3,345,075	3,345,075
Subtotal, General Revenue Funds		3,629,086	3,087,256	3,100,745	3,345,075	3,345,075
555	Federal Funds					
	93.778.003 Medical Assistance Program - Title XIX @ 50%	3,621,630	3,087,257	3,100,747	3,345,077	3,345,077
Subtotal, Federal Funds		3,621,630	3,087,257	3,100,747	3,345,077	3,345,077
Total, Method of Financing		7,250,716	6,174,513	6,201,492	6,690,152	6,690,152
Full-Time Equivalent Positions:						
	State/Federal	161.2	136.0	126.7	135.8	135.8
Total, Full-Time Equivalent Positions		161.2	136.0	126.7	135.8	135.8

Sub-strategy Description and Justification:

The Community-based Alternatives (CBA) program provides home and community-based services to aged and disabled adults as cost effective alternatives to institutional care in nursing facilities. Services are funded under the Title XIX Medicaid 1915(c) Home and Community-based Services Waiver and State matching funds. To be financially eligible, a client must be 21 or older, be Medicaid eligible under SSI, MAO protected statuses, or meet income and resource requirements for Medicaid benefits in nursing facilities. DADS caseworkers determine whether the client is functionally eligible via the Resident Assessment Instrument for nursing facility Care (for at-risk nursing facility placement status), medical necessity exists and scope of services does not exceed the nursing facility payment rate. In addition, a client is offered waiver services instead of nursing facility care based on informed choice. Statutory Authority: Social Security Act, §1915(c)(7)(B).

External/Internal Factors Impacting Sub-strategy:

Interest List is increasing due to appropriated funding for FY 2004.

3.D. Sub-Strategy Request Strategy Code: 01-01-02-04

Agency Code	539	Texas Department of Aging and Disability Services
Goal:	01	Long-Term Care
Objective:	01	Intake, Access and Eligibility
Strategy:	02	LTC Functional Eligibility
Substrategy:	04	Managed Care

Code	Description	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
Objects of Expense:						
1001	Salaries	780,389	736,818	96,719	106,255	106,255
1002	Other Personnel Cost	24,097	25,009	28,015	28,812	28,812
2001	Professional Fees and Services	5,026	3,961	2,562	2,588	2,588
2002	Fuels and Lubricants	194	162	367	367	367
2003	Consumable Supplies	15,484	12,860	15,499	16,844	16,844
2004	Utilities	33,834	28,134	34,528	37,702	37,702
2005	Travel	5,540	3,508	89	109	109
2006	Rent - Building	118,267	91,426	61,312	64,600	64,600
2007	Rent - Machine and Other	13,269	10,682	14,413	15,084	15,084
2009	Other Operating Expense	140,219	116,458	68,959	68,940	68,940
Total, Objects of Expense		1,136,319	1,029,018	322,463	341,301	341,301
Method of Finance:						
0758	GR Match for Medicaid	568,160	514,509	161,230	170,649	170,649
Subtotal, General Revenue Funds		568,160	514,509	161,230	170,649	170,649
555	Federal Funds					
	93.778.003 Medical Assistance Program - Title XIX @ 50%	568,159	514,509	161,233	170,652	170,652
Subtotal, Federal Funds		568,159	514,509	161,233	170,652	170,652
Total, Method of Financing		1,136,319	1,029,018	322,463	341,301	341,301
Full-Time Equivalent Positions:						
	State/Federal	25.1	21.0	3.8	4.1	4.1
Total, Full-Time Equivalent Positions		25.1	21.0	3.8	4.1	4.1

Sub-strategy Description and Justification:

LTC Medicaid Eligibility (ME) staff determine financial eligibility for nursing facility clients who are not eligible for SSI. Applied income budgets are done. Patient trust funds at facilities and discharge records are monitored. Financial eligibility is also determined and co-payment budgets are done for waiver clients who are not SSI eligible. Eligibility and applied income/co-payment budgets are reviewed when changes are reported or anticipated. A complete review is done annually. Regional nurses complete the medical necessity and cost ceiling determination. Medicaid eligibility staff is responsible for client education and facilitating enrollment into an HMO for nursing facility and waiver clients. Regional staff is also responsible for an ombudsman function to handle complaints. Statutory Authority: Social Security Act, Title XIX.

External/Internal Factors Impacting Sub-strategy:

In order to facilitate optimum program functions, coordination is required between the Medicaid financial eligibility staff at HHSC and the Medicaid functional eligibility staff at DADS.

0000056

3.D. Sub-Strategy Request Strategy Code: 01-01-02-05

Agency Code	539	Texas Department of Aging and Disability Services
Goal:	01	Long-Term Care
Objective:	01	Intake, Access and Eligibility
Strategy:	02	LTC Functional Eligibility
Substrategy:	05	Medically Dependent Children Program Eligibility

Code	Description	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
Objects of Expense:						
1001	Salaries	759,965	899,279	744,147	818,618	818,618
1002	Other Personnel Cost	11,466	16,568	9,695	10,216	10,216
2001	Professional Fees and Services	4,576	4,027	921	930	930
2002	Fuels and Lubricants	180	165	135	135	135
2003	Consumable Supplies	14,253	13,076	5,568	6,051	6,051
2004	Utilities	31,144	28,607	12,405	13,545	13,545
2005	Travel	53,784	45,642	52,473	64,645	64,645
2006	Rent - Building	109,034	92,964	22,029	23,210	23,210
2007	Rent - Machine and Other	12,232	11,283	5,178	5,418	5,418
2009	Other Operating Expense	129,005	120,972	20,377	20,025	20,025
Total, Objects of Expense		1,125,639	1,232,583	872,928	962,793	962,793
Method of Finance:						
0758	GR Match for Medicaid	562,818	616,291	436,462	481,395	481,395
Subtotal, General Revenue Funds		562,818	616,291	436,462	481,395	481,395
555	Federal Funds					
	93.778.003 Medical Assistance Program - Title XIX @ 50%	562,821	616,292	436,466	481,398	481,398
Subtotal, Federal Funds		562,821	616,292	436,466	481,398	481,398
Total, Method of Financing		1,125,639	1,232,583	872,928	962,793	962,793
Full-Time Equivalent Positions:						
	State/Federal	26.8	25.5	22.0	23.6	23.6
Total, Full-Time Equivalent Positions		26.8	25.5	22.0	23.6	23.6

Sub-strategy Description and Justification:

The Medically Dependent Children Program (MDCP) operates under a Title XIX Medicaid Home and Community-Based services waiver, using state matching funds. The program provides home and community-based services to children as cost-effective alternatives to nursing facility institutionalization. Services include respite, adjunct supports, adaptive aids, and minor home modifications. MDCP case workers and nurses began performing permanency planning activities December 1, 2003. Statutory Authority: Social Security Act §1915(c)(7)(B).

Clients must be under 21 years of age. Persons under age 18 must meet the institutional income/resource limits, disregarding parental finances. Persons age 18 to 21 who are eligible for SSI or a mandated community-based program or who meet the institutional income/resource limits may also be enrolled.

External/Internal Factors Impacting Sub-strategy:

Interest List is increasing due to appropriated funding for FY 2004

Agency Code	539	Texas Department of Aging and Disability Services
Goal:	01	Long-Term Care
Objective:	01	Intake, Access and Eligibility
Strategy:	02	LTC Functional Eligibility
Substrategy:	06	Consolidated Waiver Program Eligibility

Code	Description	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
Objects of Expense:						
1001	Salaries	320,413	237,238	254,294	279,381	279,381
1002	Other Personnel Cost	7,190	8,416	21,359	22,063	22,063
2001	Professional Fees and Services	1,512	1,408	1,119	1,130	1,130
2002	Fuels and Lubricants	52	58	159	159	159
2003	Consumable Supplies	4,126	4,570	6,768	7,356	7,356
2004	Utilities	9,015	9,999	15,082	16,468	16,468
2005	Travel	12,318	10,047	39	47	47
2006	Rent - Building	31,519	32,494	26,780	28,217	28,217
2007	Rent - Machine and Other	3,536	3,944	6,297	6,590	6,590
2008	Debt Services	0	0	0	0	0
2009	Other Operating Expense	37,337	41,526	38,611	38,888	38,888
Total, Objects of Expense		427,018	349,700	370,508	400,299	400,299
Method of Finance:						
0758	GR Match for Medicaid	213,508	174,850	185,251	200,147	200,147
Subtotal, General Revenue Funds		213,508	174,850	185,251	200,147	200,147
555	Federal Funds					
	93.778.003 Medical Assistance Program - Title XIX @ 50%	213,510	174,850	185,257	200,152	200,152
Subtotal, Federal Funds		213,510	174,850	185,257	200,152	200,152
Total, Method of Financing		427,018	349,700	370,508	400,299	400,299
Full-Time Equivalent Positions:						
	State/Federal	10.8	7.8	8.5	9.0	9.0
Total, Full-Time Equivalent Positions		10.8	7.8	8.5	9.0	9.0

Sub-strategy Description and Justification:

The Consolidated Waiver Program (CWP) is a pilot 1915(c) Medicaid waiver authorized by House Bill 2148, 76th Regular Session. The purpose of the pilot is to test the feasibility of consolidating five of the state's eight 1915(c) Medicaid waivers, which include the Community Based Alternatives (CBA), Medically Dependent Children Program (MDCP), Community Living Assistance and Support Services (CLASS), Home and Community-based Services (HCS) and Deaf Blind Multiple Disabilities (DBMD) waivers. This three-year pilot is limited to Bexar County and serves 192 individuals. A waiver renewal was submitted for an additional five years. The program serves 48 adults and 48 children who qualify for nursing facility care and 48 adults and 48 children who qualify for ICF-MR care. Both groups are evenly divided between individuals with mental retardation and individuals with developmental disabilities. Statutory Authority: Social Security Act, §1915(c)(7)(B).

CWP case workers develop individualized service plans based on the participant's needs, preferences and person directed plan, authorize community care vendors to deliver services and monitor the delivery of those services. The case workers provide referrals to other services, such as those provided by Medicaid home health. Service plans are revised as needed. A review of all services provided to a participant is completed annually. Regional staff is responsible for case work, recruitment of service providers and contract management.

External/Internal Factors Impacting Sub-strategy:

Interest List is increasing due to appropriated funding for FY 2004.

3.D. Sub-Strategy Request Strategy Code: 01-01-02-07

Agency Code	539	Texas Department of Aging and Disability Services
Goal:	01	Long-Term Care
Objective:	01	Intake, Access and Eligibility
Strategy:	02	LTC Functional Eligibility
Substrategy:	07	Program Administration

Code	Description	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
Objects of Expense:						
1001	Salaries	3,441,690	2,827,674	2,989,537	3,284,373	3,284,373
1002	Other Personnel Cost	120,976	113,552	223,267	230,815	230,815
2001	Professional Fees and Services	16,415	6,865	34,069	34,411	34,411
2002	Fuels and Lubricants	640	283	4,894	4,894	4,894
2003	Consumable Supplies	50,945	22,488	51,714	56,203	56,203
2004	Utilities	111,329	48,758	76,512	83,546	83,546
2005	Travel	125,451	142,667	63,835	78,643	78,643
2006	Rent - Building	389,483	158,445	122,429	128,995	128,995
2007	Rent - Machine and Other	51,606	19,231	191,661	200,584	200,584
2009	Other Operating Expense	595,370	681,598	2,051,542	2,097,513	2,097,513
5000	Capital Expenditures	0	17,314	48,390	48,390	48,390
Total, Objects of Expense		4,903,905	4,038,875	5,857,850	6,248,367	6,248,367
Method of Finance:						
0001	General Revenue	65,818	23,433	51,917	55,380	55,380
0758	GR Match for Medicaid	2,278,508	1,802,946	2,559,023	2,729,621	2,729,621
Subtotal, General Revenue Funds		2,344,326	1,826,379	2,610,940	2,785,001	2,785,001
Subtotal, Federal Funds						
555	Federal Funds					
93.667.000	Title XX (Social Services Block Grant)	530,090	406,138	521,896	556,688	556,688
93.778.003	Medical Assistance Program - Title XIX @ 50%	1,901,034	1,700,444	2,685,688	2,864,730	2,864,730
93.778.004	Medical Assistance Program - Title XIX @ 75%	73,529	37,500	39,326	41,948	41,948
Subtotal, Federal Funds		2,504,653	2,144,082	3,246,910	3,463,366	3,463,366
Subtotal, Other Funds						
0666	Appropriated Receipts	54,926	68,414	0	0	0
Subtotal, Other Funds		54,926	68,414	0	0	0
Total, Method of Financing		4,903,905	4,038,875	5,857,850	6,248,367	6,248,367
Full-Time Equivalent Positions:						
State/Federal		69.2	63.8	62.6	67.1	67.1
Total, Full-Time Equivalent Positions		69.2	63.8	62.6	67.1	67.1

Sub-strategy Description and Justification:

This sub-strategy includes staff that directly support the management of all programs providing Community Care for the Aged and Disabled (CCAD) services. CCAD functions covered under this strategy include Residential Care, Respite Care (unfunded, no clients), In Home & Family Support Eligibility, Home Delivered Meals, Emergency Response, Adult Foster Care, Family Care, DAHS Title XX Eligibility, Client Managed Personal Assistance Services, Special Services, Hospice, Program of All-inclusive Care for the Elderly, Community-Based Alternatives Eligibility, Medically Dependent Children Program Eligibility, Community Living Assistance and Support Services, and Consolidated Waiver Program Eligibility. Key functions include:

- Development, implementation, and maintenance of all rules, policies, procedures, provider standards and manuals, provider reimbursement methodologies, etc., needed to ensure services are provided efficiently, effectively, and in compliance with state and/or federal laws and regulations.
- Management and oversight of CCAD provider billing systems, including the operation and maintenance of "off-line" payment systems.
- Enrollment and contracting of Medicaid CCAD providers.
- Oversight of CCAD contract management and service control/quality assurance.

External/Internal Factors Impacting /Sub-strategy:

Funding for many CCAD programs is limited, which also limits the number of clients receiving these services. Because of this, clients applying for CCAD services are placed on the appropriate interest list(s). Eligible individuals may wait several years before becoming an active client.

For programs requiring an eligibility score the new Community Care Assessment Tool (CCAT) is under development and is scheduled to be implemented by January 2005

Agency Code	539	Texas Department of Aging and Disability Services
Goal:	01	Long-Term Care
Objective:	01	Intake, Access and Eligibility
Strategy:	02	LTC Functional Eligibility
Substrategy	08	Guardianship

Code	Description	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
Objects of Expense:						
1001	Salaries	0	0	3,841,858	0	0
1002	Other Personnel Cost	0	0	79,885	0	0
2001	Professional Fees and Services	0	0	3,754	0	0
2002	Fuels and Lubricants	0	0	0	0	0
2003	Consumable Supplies	0	0	59,512	0	0
2004	Utilities	0	0	137,216	0	0
2005	Travel	0	0	323,649	0	0
2006	Rent - Building	0	0	297,446	0	0
2007	Rent - Machine and Other	0	0	28,578	0	0
2009	Other Operating Expense	0	0	101,881	0	0
3001	Direct Client Services	0	0	383,500	383,500	383,500
Total, Objects of Expense		0	0	5,257,279	383,500	383,500
Method of Finance:						
0001	General Revenue	0	0	2,464,255	0	0
Subtotal, General Revenue Funds		0	0	2,464,255	0	0
555	Federal Funds					
	93.667.000 Title XX (Social Services Block Grant)	0	0	2,793,024	383,500	383,500
Subtotal, Federal Funds		0	0	2,793,024	383,500	383,500
Total, Method of Financing		0	0	5,257,279	383,500	383,500
Full-Time Equivalent Positions:						
	State/Federal	0.0	0.0	91.0	0.0	0.0
Total, Full-Time Equivalent Positions		0.0	0.0	91.0	0.0	0.0

Sub-strategy Description and Justification:

This sub-strategy funds specialized guardianship staff (guardianship supervisors, specialists and accountants) as well as guardianship services provided through contracts. In 1993, APS received statutory authority to petition for guardianship for children with disabilities aging out of CPS conservatorship, and in 1995 this authority was extended to other APS clients when necessary as a last resort. APS guardianship is provided in these cases only when it is necessary to prevent further maltreatment, a less restrictive alternative is not appropriate, and no other guardian can be found.

Part of the actions expected to be taken in the APS reform is to move the Guardianship program to another agency while allowing DFPS to convert the existing Guardianship FTEs to the APS In-Home program. This LAR submittal includes this FTE transfer into the APS In-Home program beginning in FY 2005.

External/Internal Factors Impacting Sub-strategy:

As of November 2003, approximately 77 counties were covered by 25 local or county-based (non-DFPS) guardianship and/or money management programs, most of which use volunteers. APS is sometimes appointed in these counties in cases that are too complex for volunteers, and professional case management is needed. In counties without local programs, courts look to APS as a resource in all kinds of cases, even those outside the program's statutory responsibility. As of May 2004, APS contracted with 6 local guardianship programs for 186 cases. Finding appropriate long-term care services for wards aging out of CPS conservatorship remains a challenge. As adults, these individuals no longer qualify to receive the federal funds that paid for their care while in CPS conservatorship. Service options and placements appropriate for these young wards are limited and often have extremely long waiting lists.

The state's implementation of the Olmstead decision may increase the demand for guardianships, unless alternate procedures are established. Surrogate decision-making procedures are in place for persons served in MH/MR facilities and in ICFs-MR but comparable procedures do not exist for incapacitated persons in the community. When treatment and placement decisions are needed for persons leaving nursing homes, MH/MR facilities, and ICFs-MR, caregivers may request, and courts may order, guardianships from a state entity. This sub-strategy is funded primarily with Title XX. Title XX funding does not require a State match.

3. E. Sub-strategy Summary

Agency Code: 539	Agency Name: Texas Department of Aging and Disability Services	Statewide Goal Code : 03-03	Strategy Code: 01-01-02			
AGENCY GOAL	Long Term Care					
OBJECTIVE	Intake, Access and Eligibility					
STRATEGY	LTC Functional Eligibility					
SUB-STRATEGY SUMMARY						
Code	Sub-strategy Requests	Exp 2003	Est 2004	Bud 2005	BL 2006	BL 2007
01	CCAD Functional Eligibility	41,047,953	39,221,173	33,897,801	36,858,447	36,858,447
02	CCAD Non-Medicaid Eligibility	14,287,685	12,451,738	10,770,760	11,666,222	11,666,222
03	Community-based Alternatives Eligibility	7,250,716	6,174,513	6,201,492	6,690,152	6,690,152
04	Managed Care	1,136,319	1,029,018	322,463	341,301	341,301
05	Medically Dependent Children Program Eligibility	1,125,639	1,232,583	872,928	962,793	962,793
06	Consolidated Waiver Program Eligibility	427,018	349,700	370,508	400,299	400,299
07	Program Administration	4,903,905	4,038,875	5,857,850	6,248,367	6,248,367
08	Guardianship	0	0	5,257,279	383,500	383,500
Total, Sub-strategies		70,179,235	64,497,600	63,551,081	63,551,081	63,551,081

0000062